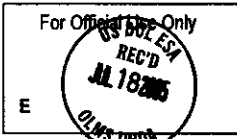


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 00078 3309	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Grace E Reiner P.O. Box, Bldg., Room No., if any Street 7000 W. 3rd Street City Los Angeles State California ZIP Code +4 90048	4. Name, file number, and address of labor organization. Name Writers Guild of America, west, Inc. Labor Organization File Number 000-078 P.O. Box, Building and Room Number, if any Street 7000 W. 3rd Street City Los Angeles State California ZIP Code +4 90048
5. Position in labor organization. Assistant Executive Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Walt Disney Pictures & Television Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 500 S. Buena Vista Street City Burbank State California ZIP Code +4 91521	7.a. Nature of Interest, Transaction, or Income. Lunch -- October 6, 2004 7.b. Amount. \$30

Signature

1E. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

7/7/05

Telephone Number

323-782-4103

Name of Person Filing Grace Reiner	File Number U- 00078 3309
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Nigro Karlin & Segal Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10100 Santa Monica Blvd. City Los Angeles State California ZIP Code + 4 90024	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Writers Guild - Industry Health Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1015 N. Hollywood Wat City Burbank State California ZIP Code + 4 91505	11.a. Nature of such dealing. Trust fund auditors Cannot ascertain value 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Lunch -- November 30, 2004 12.b. Amount. \$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Geffner & Bush Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3500. W. Olive Avenue, Suite 1100 City Burbank, CA State California ZIP Code + 4 91505	14.a. Nature of payment. Gift of wine to my huband, Scott Roth, an employee of another labor organization (and reported on his LM-30).
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$86

Name of Person Filing Grace Reiner	File Number U- 00078 3309
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (Including trade name, if any).</p> <p>Name PacifiCare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Box 31053</p> <p>Street</p> <p>City Laguna Hills</p> <p>State California ZIP Code + 4 92654</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Writers Guild - Industry Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1015 N. Hollywood Way</p> <p>City Burbank</p> <p>State California ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Health Care Provider to participants of the Writers Guild - Industry Health Plan</p> <p>Cannot ascertain the value of the dealings</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Sporting event tickets and dinner (June 2004)</p> <p>Also reported on my husband's LM-30</p>
	<p>12.b. Amount. \$350</p>